## MULTIPLE DE NDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AFTER **AS FILED** AFTER **AS FILED** AFTER I"AMENDMENT 2 MAMENDMENT I"AMENDMENT 1 AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>6</u>0 TOTAL IND TOTAL IND TOTAL DE TOTAL DÉP

TOTAL CLAIMS

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TOTAL